

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16869

State File No.
Registrar's No. 2430

FILED JUN 7 1943
Registration District No. 5-19

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MISS NORA COLLINS
3. (b) If veteran, name war XX 3. (c) Social Security No. None
4. Sex Fe 1 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased December 8 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Ithica N.Y. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business
12. Name James D. Collins
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Ann Sullivan
15. Birthplace N.Y. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Black
(b) Address 203 W. Armour

17. (a) Burial (b) Date thereof 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. Wagner
(b) Address Kansas City, Mo.

19. (a) 5-28-43 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 203 West Armour
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26th
year 1943 hour 5: minute 45 P.M.
21. I hereby certify that I attended the deceased from May 10
1943 to May 26, 1943
that I last saw her alive on May 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial pneumonia 2 day
Due to Chronic glomerular nephritis years
Due to Arteriosclerosis 121 B years
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature John T. Shuman (M. D. or other) M.D.
Address 1405 Bryant Blvd Date signed 5-27-43

140 x 134
11-7010

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. R. Hainschield

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.